

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90091 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065658

1. Corporation Name
CENTURY ENVIRONMENTAL SERVICES INC.

Principal Place of Business 2609 SAMMONDS ROAD PLANT CITY FL 33567	Mailing Address 2609 SAMMONDS ROAD PLANT CITY FL 33567
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8488 W. Hillsborough Ave.	26 8488 W. Hillsborough Ave.			07/27/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		Applied For	
22 #134	27 #134	59-3534551		Not Applicable	
City & State	City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Tampa - FL	28 Tampa FL	<input type="checkbox"/>		Election Campaign Financing Trust Fund Contribution	
Zip	Country	29 33615		30 USA	
24 33615	25 USA	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALONGE, JOSEPH P
 4709 BAY CREST DRIVE
 TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name	Alonge, Joseph P.
82 Street Address (P.O. Box Number is Not Acceptable)	8488 W. Hillsborough Ave
83	#134
84 City	Tampa
85 Zip Code	FL 33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph P. Alonge* DATE: 2/25/99

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joe Alonge	
1.3 STREET ADDRESS	8488 W. Hillsborough Ave	
1.4 CITY-ST-ZIP	Tampa FL 33615	
2.1 TITLE	Vice President / secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Craig Lorch	
2.3 STREET ADDRESS	1131 Sw Hanford St.	
2.4 CITY-ST-ZIP	Seattle WA 98124	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steve Barnett	
3.3 STREET ADDRESS	908 Chase Dr.	
3.4 CITY-ST-ZIP	Johnson City, TN 37604	
4.1 TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Doug Hunt	
4.3 STREET ADDRESS	1116 B. Kanawha Blvd. East	
4.4 CITY-ST-ZIP	Charleston, WVA. 25301	
5.1 TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ray Gracz	
5.3 STREET ADDRESS	P.O. Box 650	
5.4 CITY-ST-ZIP	East Windsor, CT 06088	
6.1 TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Daniel Bellispie	
6.3 STREET ADDRESS	1522 East Victory Street 22	
6.4 CITY-ST-ZIP	Phoenix AZ 85040	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph P. Alonge* DATE: 2/25/99 DAYTIME PHONE #: (813) 767-8887

CR2E034 (1/198)